



A STUDY ON ORGANIZATIONAL ROLE STRESS ON WORK-LIFE OF FEMALE HEALTH EMPLOYEES OF PRIVATE HOSPITALS WITH SPECIAL REFERENCE TO DELHI& NCR

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Abstract: The aim of this research study is to understand and measure the Organizational Role Stress (ORS) amongst the female health Employees of Medical Profession and also to examine the influence of demographic variables such as Educational Qualifications, Marital Status, Experience and Designation on (ORS) . The study also measures the level of ORS amongst the employees and ranks for the nine components of ORS. The study was conducted on 73 female health employees of Medical Profession. Convenience sampling was used in this study. The data was arranged, tabulated and rank order was calculated by MS Excel. ANOVA was used to test the hypotheses related to influence of demographic variables. It was found that the female health Employees in Medical Profession have neither very high nor very low ORS; rather most of them have a moderate level of organizational role stress . The maximum contribution to ORS is of work-overload(WO), followed by personal inadequacy(PI) and inter role distance(IRD). In our study, the results reveals that only work experience has a significant impact on female health employees stress levels, other factors have no significant impact.

Keywords: Medical Profession, Female Health Employees, Demographic variables and Organizational Role Stress (ORS) and Health Sector.

I. INTRODUCTION:

Job Stress in the modern era is increasingly recognized as one of the most serious occupational health hazards reducing workers' satisfaction and productivity, and increasing absenteeism and turnover. There are many evidences in the antiquity regarding the patriarchal dogmas which clearly reveal that females health employees suffer more from work job stress than males. Female Health Employees suffer from work stress differently as they are involved in professions with more human interactions. Female Health Employees are the frontline staff of a health care team, and many of them experience work-related stress. Studies reveal that the Health Employees work under great pressure due to heavy workload, poor staffing, dealing with death and dying, and inter staff conflict. According to the U.S National Institute of Occupational Safety and Health, Job stress is a harmful response physically and emotionally when the employee's skills, resources, and needs could not fulfill the requirement of the job (Welker Hood, 2006). Shirey (2006) refers to stress as a general episode of organizational, and a person's competence to positively confront stressors would determine the individual's success in overcoming the related stress reactions.

The job stress level amongst the female health employees working in Delhi & NCR is believed to be higher because of the rapidly growing economy and the ever-changing health care environment. Sequences of vicissitudes have been witnessed in general behavior, social attitudes and family life due to histrionic changes in the social system of India with particular reference in Delhi NCR. This change from traditional to contemporary social system is accompanied with a new age of roles and descriptions of female health employees' work as the contemporary women are in the hunt for a new and varied vistas. As pointed out by (Gorwaney, 1977), "women have now started playing important role in many walks of the life" and also by (Hamalatha and Suryanarayan, 1983), "by taking up employment, women have to play a dual role as housewife and earner". Past research had established the interconnection between work and family life. Work and family life are interconnected and can have high impact on each other (Huang et al, 2004).

Stress has always remained a part of human life since the time immemorial. In the arena of competition and consumerism, job stress has flourished for the worse and has affected the ordinary course of life. It is clearly understood that the psychological stress is greatly impacted by the environment that they are subjected to. Based on the nature of an individual's profession the stress levels vary from place to place and person to person. One of the greatest victims of this type of job stress are Female Health Employees doctors. The major cause of the stress that the female Health Employees experience is their continuous exposure to human beings experiencing pain and discomfort. Exposure to such an environment on a daily basis leads to high level of stress because as human

they tend to empathize with their patients. The male employees try their best to bear these type of horrific traumas of death of their patients but on the other hand the female Health Employees could not able to adopt themselves in these barbaric and agonizing scenes and thus becomes the worst victim of stress and anxiety .The female Health Employees are not expected to be jack of all trades. Rather, they are expected to excel in one specific field. Even after trying to give their best, female Health Employees usually become targets of criticism, disrespected at the hands of their colleagues and patients as well as unsuccessful medical cases. The female health employees thus become the more victims of stress as the female is said to be tender in feelings than the health employees.

Balancing family and work effectively creates stress among working women. As per Schular ,R.S (1980), “stress is a dynamic condition in which an individual is confronted with an opportunity , constraints or demand related to what he or she desires and for which the outcome is both uncertain and important .” The interface between work and family life is the key source of occupational stress (Parker and Arthur, 2014). Long and Porter (1984) “the psychological consequences of the role stress depend not only on the number of roles occupied but also on the nature of particular roles because roles differ in social value and in the patterning of privileges and obligations associated with them.” The present study is a sincere attempt to study the present level of stress among female Health Employees and to know the difference in the prevailing levels of stress on the basis of demographic factors of marital status, experience, Educational Qualifications and Designation. Since assessing the general stress level of Female Health Employees is beyond the scope of the study, the study has, therefore, been confined to assess the job-related stress of respondents on various dimensions. Thus, it is important to study about stress among female health Employees in Delhi & NCR. With an understanding about the stress among female Health Employees in Delhi, it may be possible to provide a better blueprint for the health care policy makers in planning to reduce the job stress level of Female Health Employees working in various Health Organizations in Delhi & NCR.

II. Review of Literature:

Bhagat, S.R (2010) Role ambiguity, role conflict and work overload are identified as the three components of organizational stress in the model.

Robbins & Judge, (2013) Factors relating to the environment, the organization and the individual can also trigger stress; it happens only when an individual cannot adjust with the requirement of job and totally withdraw physically from a threatening situation.

Lehal (2005) A negative correlation was found between job satisfaction and ORS in a study conducted in Punjab.

Suraj,(2008) Study Results revealed that Women employees experienced higher stress levels due to the additional responsibilities of establishing a work-life stability.

Nirmala (2002) A study identified the impact of different sources of occupational stress on work-life and job performance in the nationalized banks of Haryana.

Azim (2004) conducted his studies on the employees of the information technology sector in India. He found resource inadequacy to be the most significant stressor. The study also reported that men suffered more stress as compared to women.

III. Research Methodology:

In this research study, the Descriptive research and Non-probability Convenience Sampling was used. This study was conducted in Delhi & NCR. There were approximately 80 female Health Employees were chosen for research and questionnaire were distributed to them, out of these only 73 responses found accurate. Hence, the sample size for the study was 73 and the sampling unit was the female health employees of the private Hospitals at Delhi & NCR Region. The Modified Version of ORS was taken from Udai Pareek’s HRD Instruments Book.

There were 27 items , divided among 9 role Stressors (3 items for each role stressor).These items were measured on a 5 point Scale , ranging from 0-4 ,0 means “if you never or rarely feel this way and 4 means” if you very frequently or always feel in this way. The 9 role stressors of the ORS scale were given below:-

- Inter-role distance (IRD): Difference between the personal and the organizational roles.
- Role Stagnation (RS): There is a strong feeling about no chance of growth in the work.
- Role-Expectation conflict (REC): Difference demands on work.
- Work-overload (WL): Extra burden in responsibilities in every work.
- Role isolation (RI): Not being a part of what is going on , feeling aloof.
- Personal Inadequacy (PI): Inadequate level of Knowledge and lack of skills.
- Self-role distance (SRD): Where the role requirement of an individual’s conflict with the individual’s morale and ethical value.
- Role ambiguity (RA): Uncertainty and confusion in roles , responsibilities and performance.
- Resources Inadequacy (RI): lack of facilities and resources required for effective performance at work place.

IV. Objective of the Study:

- To identify the role of stressors which contributed the overall (ORS) based on rank order in the study
- To find out the Demographic factors such as – Martial Status, Work Experience, Designation & Education Qualifications on ORS
- To assess the level of overall ORS amongst the Female health employees in the Medical Profession

V. Hypotheses of the Study:

- There is no significant difference in ORS among female health employees regarding Married and Unmarried Status.
- There is no significant difference in ORS among female health employees with different Designations.
- There is no significant difference in ORS among female health employees with Educational Qualifications.
- There is no significant difference in ORS among female health employees with different years of Experience.

VI. Testing of Reliability of the Scale:

Reliability Coefficient was calculated for all the nine role stressors and overall role stress. This scale was found to have acceptable reliability at 5% significance level. The Cronbach Alpha value of at least 0.70 is the basis of reliability (Cronbach,

1951).The 0.70 alpha value demonstrates that all components are internally consistent (Streiner 2003, J. of Applied psych.vol.80.No.1 pp.99-103).

Cronbach’s Alpha N=73	IRD	RS	REC	WO	RI	PI	SRD	RA	RIN
	.800	.770	.696	.815	.770	.660	.776	.720	.779

VII.Results and Discussions:

The following table provides a socio-Demographic profile of Respondents. This part also deals with a discussion Analysis of data and Results.

Marital Status	No. of Respondents	Percentage
Married	37	50.7
Unmarried	36	49.3
Designation		
Assistant Surgeon	49	67.1
Specialist	19	26
Registrar	5	6.8
Qualification		
MBBS	56	76.7
MS/MD	17	23.3
Work Experience		
Less than 5 years	59	80.8
More than 5 years	14	19.2

It showed by the Table No. 2 that the maximum respondents were married i.e, 50.7% and 49.3% were unmarried females from Marital Status. The data also reflects that 67.1% were on the post of Assistant Surgeon, 26% were on the position of Specialist and 6.8% were on the cadre of Register from Designation Factor. As per the analysis 76.7% females holds the degree of MBBS and 23.3% were MS/MD as per Qualification criteria. Less than 5 years of female health Employee were 80.8% and more than 5 years of Experience were 19.2% regarding work experience variable.

Parameters	Values
Mean	65.67
SE Mean	2.184
SD	18.66
Min	28
Max	115
Q1	50
Q3	78

Role Stressor	Mean	SD	Rank
Inter Role Distance	2.84	1.21	3
Role Stagnation	2.79	1.23	4
Role Expectancy Conflict	2.16	.829	6
Work Overload	3.02	1.30	1
Role Isolation	2.44	1.12	5
Personal Inadequacy	1.69	.909	9
Self-Role Distance	1.99	1.08	7
Role Ambiguity	1.94	1.00	8
Resource Inadequacy	2.98	1.16	2

Table No. 4, shows the rank order allocated to different Components of ORS on the basis of mean Scores. Rank No 1 was allocated to work-overload, with a mean value of (3.02) work-overload found to be the major cause of ORS in the Study Conducted by Suraj (2008). It was also justified by the study of Bhagat, S.R (2010). It signifies that the maximum respondents consider work-overload to e major cause of ORS followed by Personal Inadequacy, Inter-role distance, role ambiguity and so on. The minimum mean score was of personal Inadequacy is (1.69). It explained that one’s lack of Knowledge and lack of skills also become a role stressor to an individual on the basis of the instrument used in the study. It was found that 24.65% respondents had high ORS Scores, 46.57% had moderate ORS Scores and 28.76% respondents had low Scores of ORS.

Table – 5 One-Way Analysis of Variance (ANOVA) (ORS Vs Marital Status, Designation, Qualification and Work Experience)					
	DF	SS	MS	F	P
Marital Status	1	112	112	.32	.575
Error	71	24962	351		
Total	72	25074			
Designation	2	1242	621	1.82	.169
Error	70	23831	340		
Total	72	25074			
Qualification	1	179	179	.513	.476
Error	71	24894	350		
Total	72	25074			
Work Experience	1	14	14	.843	.040
Error	71	25060	352		
Total	72	25074			

Since the p value is greater than 5% for educational qualifications, so we do not reject the null hypothesis. This implies that the respondents of varied educational qualifications had no significant difference in the mean relating to ORS. The $P < 0.05$ for years of experience, here we reject the null hypothesis. It implies that there is a significant difference in the mean relating to ORS with respect to work experience. (Praveen, 2012) also found in the study that people with lesser work experience suffer higher level of stress. In Marital Status and various Designations dimensions the P value is greater than 5%. So we do not reject the null hypotheses. This implies that varied designations and Marital Status had no significant differences in the mean relating to ORS.

VIII. Conclusion:

After above analysis and discussion, it can be concluded that Female health Employees in the Medical Profession have neither very high nor very low ORS; rather most of them have a moderate level of Organizational role stress. The maximum contribution to ORS is role of Work-overload (WO), followed by Resource inadequacy (RI) and inter-role distance (IRD) only work Experience have a significant impact on female health employees stress level and other socio-demographic factors have no significant impact on female health employees stress level.

IX. Implications of the Study:

This Research study results describe the important insights for the Senior Management and the line people of organization especially for the Health organizations seeking to identify the various dimensions that causes stress in the workplace. This study found work-overload, Personal Inadequacy and Inter role distance to be the biggest Contributors to ORS. These three Contributors may not be eliminated permanently; it may not be possible in the real life but only possible by organization positive efforts. Today, most of the organizations are providing various psychological Counseling Programs to help the employees to overcome from their stress level, which induced by inadequate work-life balance. To avoid the organizational stress resulting from work-overload and Inter-role distance, which are the very common stressors in the organizations? The Management must be Contingency approach & various Conflict resolution style to resolve the conflicts which are arising in different situations such as Personal role Conflict, Inter role Conflicts etc. Some studies on ORS also focused on that how job design can be improved and how re-engineering the organization system to ensure the total elimination of ORS. One fruitful step is that employers and Management of the organization provide In-house training programs to their employees and hired Professional Consultants and Trainers from external agencies to eliminate the stress which comes from inter-role distance and healthy mentoring system become a requisite to minimize them by proper Training Programs and guidance to the employees.

X. References:

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